

Monthly Summary Report
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Federal Tax ID

Account Information
County Identifying Information

Bill No#	Mother	Child(ren)	AbstFather	Lab Case #	Amount
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Balance Due:

Monthly Summary Report
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Federal Tax ID Bill # Account # Billing Period Page #

Account Information
County Identifying Information

Date	Relationship	Patient Name	Specimen #	Test Type	Specimen Description	Lab Case #	Client Ref 1 Client Ref 2	Report Date	Invoice #	Amount
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Balance Due: